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## BIB DATA SHEET

CONFIRMATION NO. 8820

<b>SERIAL NUMBER</b> 10/588,884	<b>FILING or 371(c) DATE</b> 08/27/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> NIHA 0383		
<b>APPLICANTS</b> Karl G. Csaky, Kensington, MD; Hynda Kleinman, Kensington, MD; Lourdes Ponce, Germantown, MD; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/04142 02/12/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/27/2008						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MAURY A AUDET/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> WOODCOCK WASHBURN LLP CIRA CENTRE, 12TH FLOOR 2929 ARCH STREET PHILADELPHIA, PA 19104-2891 UNITED STATES						
<b>TITLE</b> Therapeutic Administration Of The Scrambled Anti-Angiogenic Peptide C16Y						
<b>FILING FEE RECEIVED</b> 3590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			